

Revised: July 1, 1999

Attachment 4.18-C
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: ARKANSAS

A. The following charges are imposed on the medically needy for services:

Service	Deduct.	Type Charge Coins.	Copay	Amount and Basis for Determination
Inpatient Hospital		x		22% of the hospital's per diem applied on the first Medicaid covered day of each admission. [The maximum coinsurance for each admission does not exceed the limit specified in 42 CFR 447.54(c).]

STATE <u>Arkansas</u>	A
DATE REC'D <u>5/6/99</u>	
DATE APP'D <u>7/2/99</u>	
DATE EFF <u>7/1/99</u>	
HCFA 179 <u>99-06</u>	

TN No. 99-06

Supersedes TN No. 99-17

Approval Date 7-2-99

Effective Date 7-1-99

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: ARKANSAS

A. The following charges are imposed on the medically needy for services: (Continued)

Service	Deduct.	Type Charge Coins.	Copay	Amount and Basis for Determination
Prescribed Drugs			x	For each prescription reimbursed by Medicaid, the recipient will be responsible for paying a copayment amount based on the following table as set out at 42 CFR 447.54:

State Payment
for the Service

Copay to Recipient

\$10.00 or less	\$.50
\$10.01 to \$25.00	\$1.00
\$25.01 to \$50.00	\$2.00
\$50.01 or more	\$3.00

STATE <u>Arkansas</u>	A
DATE REC'D <u>2-22-94</u>	
DATE APP'VD <u>3-9-94</u>	
DATE EFF <u>1-1-94</u>	
HCFA 179 <u>94-01</u>	

TN No. 94-01

Supersedes TN No.

Attachment 4.18-C, pages 1,
1a and 1b, approved 3-23-93,
TN 93-05 and approved 6-1-93,
Tn 93-16

Approval Date

3/9/94

Effective Date

1/1/94

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: ARKANSAS

A. The following charges are imposed on the medically needy for services: (Continued)

Service	Deduct.	Type Charge Coins.	Copay	Amount and Basis for Determination
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Prescribed Drugs

x

For each prescription reimbursed by Medicaid, the recipient will be responsible for paying a copayment amount based on the following table as set out at 42 CFR 447.54:

STATE <u>Arkansas</u>	
DATE REC'D	<u>FEB 16 1993</u>
DATE APP'D	<u>MAR 23 1993</u>
DATE EFF	<u>MAR 01 1993</u>
HCFA 179	<u>93-05</u>
A	

State Payment
for the Service

Copay to Recipient

\$10.00 or less	\$.50
\$10.01 to \$25.00	\$1.00
\$25.01 to \$50.00	\$2.00
\$50.01 or more	\$3.00

Prosthetics

x

Same As Prescribed Drugs

Public Transportation

x

Same As Prescribed Drugs

TN No.

93-05

Supersedes TN No.

92-88

Approval Date

MAR 23 1993

Effective Date

MAR 01 1993

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: ARKANSAS

B. The method used to collect cost sharing charges for medically needy individuals:

- ☒ Providers are responsible for collecting the cost sharing charges from individuals.
- ☐ The agency reimburses providers the full Medicaid rate for a services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

In the absence of knowledge or indication to the contrary, the provider may accept the recipient's assertion that he/she can not afford to pay the cost sharing amount.

STATE <u>Arkansas</u>	A
DATE REC'D <u>SEP 08 1992</u>	
DATE APPV'D <u>FEB 03 1993</u>	
DATE EFF <u>SEP 01 1992</u>	
HCFA 179 <u>92-83</u>	

TN No. 92-83 Approval Date FEB 03 1993 Effective Date SEP 01 1992
Supersedes TN No. 85-27

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: ARKANSAS

- D. The procedure for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

The Arkansas Medicaid Program notified Medicaid providers of the exclusions via an Official Notice.

For recipients who are excluded from the cost sharing policy for reasons other than age or residence, the provider must enter one of the following diagnosis codes as the secondary diagnosis on the claim form to avoid the cost sharing amount from being deducted from the total paid claim amount:

<u>Diagnosis Code</u>	<u>Reason for Exclusion</u>
A1000	Pregnant Women
A2000	Emergency Services
A3000	Family Planning Services and Supplies (entry on claim form is required for nurse practitioner only)
A4000	Health Maintenance Organization (HMO) Enrollee
A5000	Hospice Care Recipient

The provider must maintain sufficient documentation in the recipient's medical record which substantiates the exclusion from cost sharing. These procedures apply to the following services:

Ambulatory Surgical Center

Federally Qualified Health Center
Home Health
Hospital
Nurse Practitioner
Optometrist
Personal Care
Physician
Podiatrist
Private Duty Nursing
Prosthetic
Rural Health Clinic

STATE <u>Arkansas</u>		A
DATE REC'D	<u>FEB 16 1993</u>	
DATE APPL'D	<u>MAR 23 1993</u>	
DATE EFF	<u>MAR 01 1993</u>	
HCCA 179	<u>93-05</u>	

TN No. 93-05 Approval Date MAR 23 1993 Effective Date MAR 01 1993
Supersedes TN No. 92-33

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: ARKANSAS

- D. The procedure for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below: (Continued)

Public Transportation

For recipients who are excluded from the copayment policy for reasons other than age or residence, the provider must check the "NO" block in Field 9 on the EMS-3 claim form to avoid the copayment amount from being deducted from the total paid claim amount.

Prescribed Drugs

When prescribing pharmaceuticals to Medicaid recipients who are excluded from the prescribed drug copayment policy due to the services provided to pregnant women, emergency services or HMO enrollees, the dentist or physician must write "Excluded From Copay" on the face of the prescription. The provider must maintain sufficient documentation in the recipient's medical record which substantiates the exclusion from cost sharing.

For recipients excluded from the copayment policy due to pregnancy, emergency services or HMO enrollee, pharmacy providers must enter "4" in Field 17 of the pharmacy claim form. If "4" is not entered and the recipient is not identified in the system as meeting one of the exclusion groups, the copayment policy will be applied prior to payment to the provider.

Individuals under age 18 or individuals receiving hospice care or institutionalized individuals are also excluded from cost sharing. Individuals under age 18 and the institutionalized individuals are readily identifiable through the current MMIS. No additional information is necessary from the provider in order to exclude these individuals from the cost sharing policy. A separate code has been assigned for providers to use in billing to identify services provided to recipients receiving hospice care.

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DATE REC'D	<u>SEP 08 1992</u>	
DATE APPV'D	<u>FEB 03 1993</u>	
DATE EFF	<u>SEP 01 1992</u>	
HCFA 179	<u>92-33</u>	

N No. 92-33 Approval Date FEB 03 1993 Effective Date SEP 01 1992
Supersedes TN No. None-New Page

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STATE: ARKANSAS

E. Cumulative maximums on charges:

☒ **State policy does not provide for cumulative maximums.**

☐ Cumulative maximums have been established as described below:

STATE <u>Arkansas</u>	A
DATE REC'D <u>FEB 16 1993</u>	
DATE APP'D <u>MAR 23 1993</u>	
DATE EFF <u>MAR 01 1993</u>	
HCFA 179 <u>93-05</u>	

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